BIRTH NO. BEG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1002 Registror's No. 1. PLACE OF DEATH  a. COUNTY  D. CITY (If outside corporate limits, write RURAL and give coverable)  St. LOUIS  TOWN St. LOUIS  G. FULL NAME OF (it set is begind or inadication, the street address or location)  G. FULL NAME OF (it set is begind or inadication, the street address or location)  INSTITUTION CITY HOSPITAL OR CITY HOSPITAL DESCRIPTION (City Hospital or inadication, the street address or location)  S. SEX D. COLOR OR RACE (First)  John Hawkins Craig OLOR Foreign (It set is beginded or with the street inadication of the street	719	30 Ste File No	Ça				IE DIVISION OF HE ANDARD CERTIF		9 <b>1955</b>	FILED SEP 2
a. COUNTY  D. CITY (If couldes corporate limits, write BURAL and give or horseld)  D. CITY (If couldes corporate limits, write BURAL and give or horseld)  ORN St Louis (C. CITY OF TOWN ST Louis OF TOWN St Louis (C. CITY OF TOWN ST Louis OF TOWN ST Louis OF TOWN ST Louis (C. CITY OF TOWN ST Louis OF TOWN ST Louis OF TOWN ST Louis OF TOWN ST Louis (C. CITY OF TOWN ST Louis (C. CITY OF TOWN ST Louis OF TOWN ST L		gistrar's No	) 3 Reg	. no. 10	EG. DIST	PRIMARY R	•		<del></del>	BIRTH NO.
TOWN St Louis State Community of the com	ation: residence before admission).				·		-		ATH -	
HOSPITALOR   City Hospital   ADRES 5403 Nagel	nee within limits of incorporated town?	d. Is Resid a city o Yes	B	Loui		ll òr	give c. LENGTH OF STAY (in this place)	RURAL and		II 02
5. SEX D. 6. COLOR OR RACE Male to the second of the secon	200/0				ET ESS 54	STREE				I HOSPITAL OR
5. SEX   6. COLOR OR RACE   7. MARRIED, PUNDER MARRIED, WIDOWED, PINOGRED (Operation)   8. DATE OF BIRTH   9. AGE (1. prame in the block of which designed most of working life, even if retired)   10b. KIND OF BUSINESS OR IN-	(Day) (Year)		05		(Last)	c.	b. (Middle)			3. NAME OF DECEASED
male white wilder by the state of service of the state of the s	<u>, 1955</u>		DEATH D	<u> </u>						
Standard	FEAR F CHOICE IN HES. Bys Hours Min.	rears IF UNDER I iy) Months :	9. AGE (In ye last birthdax	95		I	RIED, NEVER MARRIED./ DWED, DIVORCED (Specify) BYT160	7. MARR WIDOV III.S	color or race white	<i>U</i>
John Craig    Campbell   Leta Craig	CITIZEN OF WHAT COUNTRY?	Country) O	te or Foreign C	City and Stat	**		ND OF BUSINESS OR IN- DUSTRY	10b. KIN	ON (Give kind of work ng ilie, evan if retired)	10a. USUAL OCCUPATION donaduring most of world Fireman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes. no. or unknows)   (Ilysp. stry war or dates of service)   16. SOCIAL SECURITY NO.   17. INFORMANT'S SIGNATURE OR NAME Let a Craig 5403 Nagel    18. CAUSE OF DEATH Enter only one course per lime for (a), (b), and (c)   11. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a)   12. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a)   13. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a)   14. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a)   15. DISEASE				<b>I</b>		NAME	136. MOTHER'S MAIDEN			3a. FATHER'S NAME
Yes to tuknows) (Ilyse, reverse or dates of service)  8. CAUSE OF DEATH Enter only one cause per ine for (a), (b), and (c)  This does not mean the mode of dying, such is heart failure, exthenia, it. It means the discipling for the above cause (a) the information which caused death.  10. OTHER SIGNIFICANT COLORS Conditions of the windless of the underlying cause last.  11. OTHER SIGNIFICANT COLORS Conditions of the date of the underlying cause last.  12. DATE OF OPERATION  13. DATE OF OPERATION  14. ACOMENT (Specify)  15. MAJOR FINDINGS DESCRIPTIONAL COLORS COUNTY)  16. TIME (Month) (Des) (Year) (Elou) 2 ite. INJURY (c.g., paor about a first to the date of the underlying cause and on the date stated alive on				<del> </del>		I =======				
Enter only one cause per ine for (a), (b), and (c)  This does not mean he made of dying, such is heart failure, astheria, the underlying cause last.  Anothid conditions, if any theriff DIELOOUS III is heart failure, astheria, the underlying cause last.  Anothid conditions, if any theriff DIELOOUS III is heart failure, astheria, the underlying cause last.  Anothid conditions of the discass of constituting to the decid but not related to the disease or constituting to the decid but not related to the disease or constituting to the decid but not related to the disease or constituting to the decid but not related to the disease or constituting to the decid but not related to the disease or constituting to the decid but not related to the disease or constituting to the decid but not related to the disease or constituting to the decid but not related to the disease or constituting to the decid but not related to the disease or constituting to the decid but not related to the disease or constituting to the decid but not related to the disease or constituting to the decid but not related to the disease or constituting to the decid but not related to the disease or constituting to the decid but not related to the disease or constituting to the decid but not related to the disease or constituting to the decid but not related to the disease or constituting to the decide but not related to the disease or constituting to the decide but not related to the disease or constituting to the decide but not related to the disease or constituting to the decide but not not not not not not not not not no	ADDRESS					ł	16. SOCIAL SECURITY NO.	FORCES?	R IN U.S. ARMED  yes, rive war or dates  WW-1	5. WAS DECEASED EVE Yee, no, or unknown) (II Yes
21a. ACCIDENT (Specify)   21b. PLACE OF INJURY (s.g., disor about bome, farm, from bldg., stee.)   21c. (CITY. DWN, OR TOWNSHIP)   DROUNTY)   DOWN (Month) (Day) (Year) (Hough OF WHILE AT NOT WHILE WORK AT WORK   21f. HOW DID INJURY OCCUR?   16   16   16   16   16   16   16   1	JACONSTAND DEATH  JASSEL MO DEATH  LISTER OF THE STREET OF	see see	and to willed high high man	durag a de la durag luca inter inter		. / _	ATH (a) Mille Socration Minarated Social of in Sport	AUSES  as, if any, of the cause (a) structure (a) structur	ANTECEDENT C.  Morbid condition rise to the above c the underlying can  11. OTHER SIGNII Conditions contril related to the disea	Enter only one cause per line for (a), (b), and (c)  This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the discase, injury, or complication which caused death.
21d. TIME (Month) (Doy) (Year) (Hours 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?  INJURY 18 55 5 m. WHILE AT WORK 21f. HOW DID INJURY OCCUR?  22. I hereby certify that I attended the deceased from	YES Y NO (STATE)		A 19	R TOWNSHIP	CPS ON OF	21c. (CITY	EPFINJURY (a.g., dn or about		(Specify) /	
alive on, 19, and that death occurred at 6.5 Am., from the causes and on the date stated  230. SIGNATURE    Degree or titlol.   23b. ADDRESS		1110	8160	Y OCCURT	DID INJUR	21f. HOW I	21e. INJURY OCCURRED WHILEAT NOT WHILE	(Hour)	(Der) (Year) () 18 55 C	21d. TIME (Month)
230. SIGNATURE  Local Degree or title 23b. ADDRESS  Clark  Location (City, town, or county  TION PERMOVAL CREMA.  24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county	saw the deceased above.	, that I last e date stated	, 10, s and on the	the causes	m., from	615A	sed from that death occurred at_	the deceas , and t		
TION DEMOVAL (9	23c. DATE SIGNED 9. 19. 55.		arl	CQ.				ula	Fra	3 SIGNATURE
			erson :	Jeff	rv	emeter	1		9/21/5	24a. BURIAL, CREMA TION REMOVAL (Bandly REMOVAL
	ress Gravois			hein a	ral dire 1egen	25. FUNER	Imital Mo	SIGNATURI	RESISTRAR'S	REG

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

working under my personal supervision..

Signature of Student Embalmer

on..

P. O. Address 7027

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.